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|------------------------|-------------------|
| Application Number | 10/750,071 |
| Filing Date | December 31, 2003 |
| First Named Inventor | Michael R. Nowak |
| Art Unit | 3629 |
| Examiner Name | Unknown |
| Attorney Docket Number | E4919-00059 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Michael R. Nowak

Date

Jan 19, 2007

Telephone

920-996-1900

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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